

Perinatal Palliative Care in the Modern Era

Brian S Carter*

Department of Medical Humanities & Bioethics, University of Missouri-Kansas City School of Medicine, Kansas City, MO, United State

Introduction

Prenatal identification of anatomical congenital malformations has become possible thanks to advances in medical technology, resulting in well recognized patterns of concern that can affect any organ system. It's possible that they're caused by chromosomal or other genetic variances. They could also be the result of changes in maternal-placental fetal metabolism, immunological function, or teratogen exposure in the environment. The pregnancy and baby in question are considered to have a life-limiting condition, and postnatal life may be brief. Even with resuscitation and admittance to a neonatal intensive care unit (NICU), hospitalization may be protracted, resulting in dependency on technology and poor prognoses.

Perinatal Palliative Care (PnPC): Perinatal palliative care (PnPC) arose from the discipline of hospice and palliative medicine (HPM) and the growing availability of pediatric HPM services. PnPC's mission is to help and support families who are dealing with a worrying, life limiting, or life threatening foetal diagnosis. Their pregnancy story has been shattered in a sense, their story has been broken. PnPC provides a comprehensive interdisciplinary approach to the care of parents throughout their pregnancy, assisting them in refocusing their attention to deal with the news they have received and considering the story that is best for their newborn and themselves moving forward. In a culturally sensitive framework, treatment is oriented toward achieving a state of comfort for each family and individual infant by satisfying the newborn's fundamental needs, pain and symptom management, and supporting psychosocial and spiritual care for family members across generations. Professionals can also get help from PnPC.

PnPC addresses the perinatal journey, which begins prenatally with a concerning foetal diagnosis and continues at birth with resuscitative measures to smooth neonatal transition and maximize time with a family while the baby is alive even when invasive interventions and a lengthy NICU stay are not the preferred treatment paradigm. As an inpatient, PnPC gives support to the baby and his or her family, which may extend into the post-discharge outpatient period. When cure oriented and life prolonging treatment is no longer the goal of care for a newborn who has been treated in the NICU, it may be an alternative that offers a plan of care aimed at increasing the baby's quality of life.

In accordance with each individual diagnosis, PnPC takes an interdisciplinary strategy that involves collaboration across professional disciplines, including high-risk obstetricians, neonatologists, and other specialists.

Conclusion

Services such as lactation consultants, feeding therapists, speech pathologists, and OT/PT are enlisted, as well as emotional, psychological, and spiritual care for families (Social Work, Psychology, Child Life, and Chaplaincy, or engaging the family's religion group). Despite the fact that there are over 300 PnPC programs reported worldwide, there is no existing standard for PnPC team composition or service provision for the vulnerable population it serves.

Beginning with a concerning foetal diagnosis, Marc-Aurele describes for us in her article [1], *The Decisions Parents Make*

When Faced with Potentially Life-Limiting Fetal Diagnoses and the Importance of Perinatal Palliative Care, the Decisions Parents Make When Faced with Potentially Life-Limiting Fetal Diagnoses and the Importance of Perinatal Palliative Care, the Decisions Parents Make When Faced with Potentially Life-Limiting Fetal Diagnoses and way families think about getting more diagnostic information and the importance of further pediatric specialty consultation to tell parents about what to expect as a pregnancy progresses She presents birth planning, which is expanded upon by Cortezzo, who discuss the discussions that take place before and after the formulation of any birth plan, comparing it to other types of Advance Directives [2]. Symptom management follows as Cortezzo and Meyer review of caring for newborns and their end-of-life symptoms in Neonatal End-of-Life Symptom Management [3]. This subject is also addressed in a separate chapter, End-of-Life Care for Neonates: Assessing and Addressing Pain and Distressing Symptoms by Haug [4]. An excellent model of caring for fragile newborns with anticipated short lives follows in the perspective piece by Wool and Parravicini [5].

References

1. Marc-Aurele KL (2020) Decisions parents make when faced with potentially life-limiting fetal diagnoses and the importance of perinatal palliative care. *Front Pediatr* 671.
2. Cortezzo DE, Ellis K, Schlegel A (2020) Perinatal palliative care birth planning as advance care planning. *Front Pediatr* 556.
3. Cortezzo DE, Meyer M (2020) Neonatal end-of-life symptom management. *Front Pediatr* 600.
4. Haug S, Dye A, Durrani S (2020) End-of-life care for neonates: Assessing and addressing pain and distressing symptoms. *Front Pediatr* 599.
5. Wool C, Parravicini E (2020) The neonatal comfort care program: origin and growth over 10 years. *Front Pediatr* 682.

*Corresponding author: Brian S Carter, Department of Medical Humanities & Bioethics, University of Missouri-Kansas City School of Medicine, Kansas City, MO, United States, E-mail: bcarter@cmh.edu

Received: 10-Mar-2022, Manuscript No. jpcm-22-2022; Editor assigned: 12-Mar-2022, PreQC No. jpcm-22-57052 (PQ); Reviewed: 17-Mar-2022, QC No. jpcm-22-57052; Revised: 21-Mar-2022, Manuscript No. jpcm-22-57052 (R); Published: 25-Mar-2022, DOI: 10.4172/2165-7386.1000449

Citation: Carter BS (2022) Perinatal Palliative Care in the Modern Era. *J Palliat Care Med* 12: 449.

Copyright: © 2022 Carter BS. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.